Name in Full

Edward Marion Adams

Certificate of Death

Died at Town: Hamiltown County: Talbot MARYLAND

Date 189 4 Month: Aug Day: 17 | Age Y. 6 M. 15 D. | Native of: Md | Occupation: 11

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Wm. J. Adams

Mother's Name: May Adams

Cause of Death — Primary: Cerebro Spinal Meningitis

How long sick

Immediate:

~~Accident, Suicide, Homicide~~

Reported by: Chas. H. Rose

Address: Cordova

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. B5968

Name in Full

Certificate of Death

Rosella J Brooks

Died at (Town) St Michaels (County) Talbot MARYLAND

Date 1899 Month Aug Day 28 | Age Y. 11 M. 10 D. 16 | Native of | Occupation Child

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband of Wife

Father's Name Horace Brooks | Mother's Name Sophia J Brooks

Cause of Death: Primary Typhoid Malaria | How long sick

Immediate | Accident, Suicide, Homicide

Reported by E P Sharks

Address St Michaels

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr Jas Seth

Name in Full

Certificate of Death

William Francis Brooks

Died at Town: St. Michaels County: Talbot MARYLAND

Date 1899 Month: Aug Day: 25- | Age Y.: 27 M.: 9 D.: 12 | Native of: St Michaels | Occupation: Oyster man

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of —

Wife —

Father's Name: Josiah Brooks

Mother's Name: Sarah Brooks

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: Seven months

Immediate: Debility — Accident, Suicide, Homicide

Reported by: A. B. Lascock

Address: St. Michaels Talbot Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Anna. L. Burns

Town

County

Died at Talbot Co. MARYLAND

	Month	Dey		Y.	M.	D.	Native of	Occupation
Date 1899	8	3	Age	12	8	21	St Michaels	School girl

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband of —

Wife —

Father's Name Geo. M. Burns

Mother's Name Louise Burns

Cause of Death — Primary: Typhoid and Hypertrophy of Heart — How long sick: from two days

Immediate: Spasmed Heart Failure

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by A. B. Glascock M. D.

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

: by Coroner _____

of _____

Name in Full

Samuel Sheezum

Certificate of Death

Died at Town: Cordova County: Talbot MARYLAND

Date 1897 Month: Aug. Day: 24 | Age Y. 75 M. 8 D. 7 | Native of Md | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 2

Husband of Wife: X

Father's Name: X

Mother's Name: X

Cause of Death: Primary: Debility of old age

Immediate: Chronic diarrhoea

How long sick: 12 months

~~Accident, Suicide, Homicide~~

Reported by Chas. H. Row, M. D.

Address Cordova, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Mary S. Collins

Certificate of Death

Died at ~~Town~~ Easton County Talbot MARYLAND

Date 189 9 Month Aug Day 31 Age Y 68 M. D. Native of Talbot Co Occupation Domestic

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ Divorced Number of children living 5

Husband Wife of Simon Collins

Father's Name King Compton Mother's Name Mary Compton

Cause of Death: Primary Paralysis — blood How long sick 2 days

Immediate clot on brain Accident, Suicide, Homicide

Reported by J. B. Merritt

Address Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Clara Davis

Certificate of Death

Died at: Town: St Michaels County: Talbot MARYLAND

Date 1899 Month: 8th Day: 12 | Age Y. 60 M. 7 D. — | Native of: Virginia | Occupation: House info

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living: Three

~~Husband~~ Wife of: Emery Davis

Father's Name: Unknown Mother's Name: Unknown

Cause of Death: Primary: Organic Heart disease — How long sick: Two years

Immediate: Heart Failure — Accident, ~~Suicide~~, ~~Homicide~~

Reported by: A. B. Glascock

Address: St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Charles H. Denny

Certificate of Death

Died at Town near Royal Oak County Talbot MARYLAND

Date 1894 Month 8 Day 23 Age Y. 72 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children~~ living

Husband ~~Wife~~ of Miss Curry

Father's Name

Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Denton Journal

Address 8-26

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full: Laura Fairbanks

Certificate of Death

Died at Town: St. Michaels County: Talbot MARYLAND

Date ~~189~~ 1899 Month: Aug Day: 13 | Age Y. 22 M. D. | Native of: Connecticut | Occupation: Housewife

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living none

~~Husband~~ Wife of Milton Fairbanks

Father's Name: Wilmot

Mother's Name: Laura Wilmot

Cause of Death: Primary: Gastro Enteritis

Immediate: Heart failure

How long sick: 5-6 wks

Accident, Suicide, ~~Homicide~~

Reported by: Robt. A. Dodson

Address: St. Michaels Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85968

Dr. Cameron

Name In Full

Mollie Fairbanks

Certificate of Death

Died at Whitman (Town) Talbot (County) MARYLAND

Date 1899 July Month 8 Day 3 | Age Y. 27 M. 8 D. 11 | Native of Whitman | Occupation House Girl

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband of —

Wife —

Father's Name Robt. J. Fairbanks | Mother's Name Elizabeth Fairbanks

Cause of Death: Primary Organic Heart Disease — How long sick Several months

Immediate Debility and Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by A. B. Glascock M.D.

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Name in Full

Certificate of Death

Orie Faulkner

Died at Town Fairbank, County Tilghmans Island, Talbot MARYLAND

Date 189 9 Month Aug. Day 17th Age Y. — M. 3, D. 27 Native of Fairbank Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name J. Lowery Faulkner

Mother's Name Laura Faulkner

Cause of Death: Primary Tubercular Meningitis

Immediate Congestion of the Brain

How long sick 3 mos 27 ds.

Accident, Suicide, Homicide

Reported by W.W. Chaires, M.D.

Address Tilghman, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Mary Freeman

Certificate of Death

Died near Town: Trappe County: Talbot Co MARYLAND

Date 1899 Month: Aug Day: 26 | Age Y.: 23. M.: 11 D.: – | Native of: Talbot Co | Occupation: Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living: 0

~~Husband~~ ~~Wife~~ of

Father's Name: Isaac Freeman

Mother's Name: Emily C. Sewell

Cause of Death: Primary: Pneumonia. (Bi-lateral) | How long sick: 2 weeks.

Immediate: Asphyxia –

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Joseph A. Ross M.D.

Address: Trappe Talbot Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Louis T. Handy

Certificate of Death

Died at Town Easton County Talbot MARYLAND

Date 1899 Month Aug Day 28 | Age Y. 1 M. 2 D. | Native of Easton | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number ~~of children living~~

Husband of Wife

Father's Name Louis Handy

Mother's Name Florence Handy

Cause of Death: Primary Cholera Infantum — How long sick 5 days

Immediate

Accident, Suicide, Homicide

Reported by J. B. Merritt

Address Easton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Edward T. Hynson

Died at Town Easton County Talbot MARYLAND

Date 189 9 Month August Day 17 Age Y. — M. 5 D. hours Native of Easton Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ×

Father's Name John W Hynson Mother's Name Nora Hynson

Cause of Death Primary Tedious Labor How long sick a few hours

Immediate Asphyxia ~~Accident, Suicide, Homicide~~

Reported by E. R. Tippe

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wilda Franklin Jump

Died at Town Chapel County Talbot MARYLAND

Date 1899 Month Aug Day 21 Age Y. 1 M. 18 D. Native of Talbot Occupation Infant

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~of~~

Wife

Father's Name Wilda Franklin

Mother's Name Katy Pauline Jump

Cause of Death Primary Atrophy

Immediate Exhaustion

How long sick one week

~~Accident, Suicide, Homicide~~

Reported by Joseph S Garrison M.D.

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65678

Name in Full #5388 Certificate of Death

Margaret S Kilroy

Died at Town St Michaels County Talbot MARYLAND

Date 1899 Month Aug Day 10" Age Y. M. D. 4.27. Native of Maryland Occupation Infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of Infant 82

Father's Name Michael Joseph Kilroy Mother's Name Carrie May Kilroy

Cause of Death Primary Cholera Infantum How long sick

Immediate heart failure Accident, Suicide, Homicide

Reported by Dr J C D Davis

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65868

Name in Full

Certificate of Death

John Earle Lawrence

Died near Town Trappe County Talbot MARYLAND

Date 1899 Month 8 Day 3 — Age Y. 3 M. 2 D. — Native of Talbot. Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Charley Lawrence

Mother's Name Ella Jenkins.

Cause of Death Primary Diphtheria

Immediate Toxaemia (Convulsions)

How long sick One week

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Joseph A Ross M D

Address Trappe Talbot Co, Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Bertie Nichols

Certificate of Death

Died at Town Easton County Talbot MARYLAND

Date 189 9 Month 8 Day 1 | Age Y. 24 M. D. | Native of Talbot Co | Occupation at home

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number ~~of children living~~

Husband of
Wife

Father's Name Henry Nichols

Mother's Name Elizabeth Nichols

Cause of Death: Primary — Phthisis Pulmonalis — How long sick 18 Months

Immediate — Heart Failure — Accident, Suicide, Homicide

Reported by J. B. Merritt

Address Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Name in Full

Certificate of Death

Myrtle Estelle Phillips

Died at Town Easton County Talbot MARYLAND

Date 189 9 Month Aug Day 9 | Age Y. 6 M. 7 D. 15 | Native of Talbot | Occupation Infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name Daniel W. Phillips

Mother's Name Lizzie A Cox

Cause of Death: Primary Diphtheria — How long sick 8 days

Immediate Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by J S Garrison

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full: Mary E. Taylor

Certificate of Death

Died at: Town: Trappe County: Talbot MARYLAND

Date 1899 Month: Aug. Day: 10 | Age Y. — M. — D. 16 | Native of: Md | Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Calmus C. Taylor

Mother's Name: Lillie E. Taylor

Cause of Death: Primary: Acute Gastro enteric Infection

Immediate: Exhaustion

How long sick: 5 days

Accident, Suicide, Homicide

Reported by: Wm. S. Seymour

Address: Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Sahrena Thomas

Certificate of Death

Died at Town St Michaels County Talbot MARYLAND

Date 1899 Month Aug Day 17 | Age Y. 14 M. – D. 8 | Native of St Michaels | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife — —

Father's Name Frank Thomas

Mother's Name Anna Louisa Thomas

Cause of Death

Primary Organic Heart Disease

Immediate Heart Failure & Debility

How long sick Two years

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by A. B. Glascock

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Willie Gustin Thomas

Died at Town: Wittman — County: Talbot — MARYLAND

Date 189 Month: Aug Day: 28 | Age Y.: 18 M.: 11 D.: 29 | Native of: Md | Occupation: Servant

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — Divorced

Female — Colored — Single — ~~Widower~~ — ~~Number of children living~~

~~Husband~~ Wife of

Father's Name: John T Thomas — Mother's Name: Georgiana Thomas

Cause of Death — Primary: Ulcer of stomach — How long sick: One year

Immediate: Debility — Accident ~~Suicide~~, ~~Homicide~~

Reported by: A B Blakesock

Address: St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, SERIES

Name in Full Margaret C. Usilton

Certificate of Death

Died at Town Matthews County Talbot MARYLAND

Date 189 9 Month 5 Day 10 Age Y. 63 M. - D. - Native of Md. Occupation Housekeeper

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

Father's Name Dont Knows. Mother's Name Dont Know.

Cause of Death Primary Aortic Aneurism .59 How long sick Immediate

Immediate Rupture " ~~Accident, Suicide, Homicide~~

Reported by Chas. Jones Friend

Address Matthews Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Henry Binns

Certificate of Death

Town

County Talbot -

Died at MARYLAND

Date 1899 Month 8th Day 17th Age Y. 64 M. D. | Native of Md | Occupation Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 4

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Dysentery

Immediate Exhaustion

How long sick 8 Weeks

~~Accident, Suicide, Homicide~~

Reported by Julia A Johnson

Address Oxford Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON